

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

Report for the reporting period 07/01/2013 to 06/30/2014 (mm/dd/yyyy) to (mm/dd/yyyy)

RECEIVED  
AUG 28 2014  
DEPT. OF INDUSTRIAL RELATIONS  
OFFICE OF THE DIRECTOR

1. Name of Labor Compliance Program (LCP) :  
Sutter Union High School District

2. LCP I.D. Number (assigned by DIR):  
2011.01061

3. Date of Initial Approval:  
09/01/2011

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):

Ryan Robinson- Superintendent  
P.O. Box 498  
Sutter, CA 95982  
Phone: 530-822-5161

Administered by: Contractor Compliance and Monitoring, Inc.  
635 Mariners Island Blvd. #200 San Mateo, CA 94404  
Phone: (650) 522-4403 Fax: (650) 522-4402

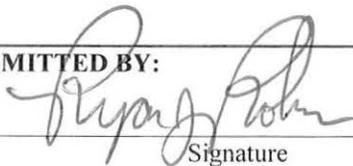
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?

Please check one:  Yes If Yes, proceed to item 6 on the next page

No If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant,  
455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary)

SUBMITTED BY:

  
Signature

Superintendent / Principal  
Name and Title

8/21/14  
Date